



NASSAU COUNTY OFFICE OF MINORITY AFFAIRS

ONE WEST STREET
MINEOLA, NEW YORK 11501-4895
TEL. (516)-571-6174
FAX: (516)-571-3909

Dear Applicant:

Thank you for your interest in the Minority and Women-Owned Business Enterprise (M/WBE) Certification Program.

The M/WBE Certification Program seeks to ensure the greater participation of minority and women-owned businesses in Nassau County's procurement.

In order for us to completely process your application, please take the following steps:

- Step 1: Register with Nassau County as a Vendor prior to completing the certification application. You may complete a Vendor Application Form, which is available on-line at www.nassaucountyny.gov.
- Step 2: Complete the Minority/Women-Owned Business Enterprise Certification Short Form.
- Step 3: Check that you have answered all questions and have signed the application and have notarized the accompanying Affidavit.
- Step 4: Provide **all** of the requested documents as listed:
1. Certification Short Form Application
 2. Copy of completed application and supporting documents submitted to Certifying Agency
 3. Copy of current certificate and/or current letter validating minority and/or woman status
 4. Affidavit of Certification – Signed and Notarized (Submit Original)
- Step 5: Submit the application and all supporting documents as listed and mail to the following address:

Nassau County Office of Minority Affairs
One West Street, Room 323
Mineola, New York 11501

It is extremely important that you answer all questions and provide all requested documentation. Without all of this information, we cannot process your application and will return it to you for completion. Please call (516) 571-6174 and ask for the M/WBE Certification Program, if you have any questions or if we can be of further assistance.

OMA-Cert.-001-dsr/06



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**MBE/WBE
Minority/ Women Business Enterprise**

CERTIFICATION SHORT FORM APPLICATION

To qualify for M/WBE status, 51% of the company must be owned and operated by minority groups or women. For the purpose of this definition, minority group members are Black, Hispanic, Native American/Alaskan, Asian/ Pacific Islander, Women. The phrase "owned and operated" as used in this definition means a business which is (1) a sole proprietorship legitimately owned by an individual who is a minority or female, (2) a partnership or joint venture controlled by minorities and/or females, and in which at least 51% of the beneficial ownership interests legitimately are held by minorities or females, or (3) a corporation or other entity controlled by minorities or females, and in which at least 51% of voting interest and 51% of the beneficial ownership interests are legitimately held by minorities or females. In addition, these persons must control the management and operation of the business on a day-to-day basis.

The following information is submitted for consideration in determining the status of the firm named below as a Minority/Women Business Enterprise.

1. Name of Firm _____
2. Mailing Address _____
City _____ State _____ Zip _____
Telephone Number (____) _____ Fax Number (____) _____ E-Mail _____
4. Contact Person _____
5. This firm is a (check all that apply) ____ Sole Proprietorship ____ Partnership ____ Joint Venture
____ Corporation ____ Other (specify) _____
6. This firm is seeking a certification as a (check all that apply) ____ Minority Business Enterprise
____ African American ____ Hispanic American ____ Native American ____ Asian Pacific American
____ Women Business Enterprise

COMPARABLE JURISDICTIONS:

- The Port Authority of New York and New Jersey
- Metropolitan Transportation Authority
- New York State Empire Development Corporation
- New York City Department of Small Business Services
- New York City School Construction Authority

7. Does one or more of these comparable jurisdictions currently certify you? ____ Yes ____ No

If yes, please list:

8a. If certified by a comparable jurisdiction, what is your Certification expiration date?

_____	_____
Agency	Expiration Date

8b. Please provide copies of current letter of certification or certificate.

9. If you are not currently certified by one or more of these comparable jurisdictions, by what certifying Agency are you certified? _____

10. The type of business of this firm is (check all that apply) ____ Manufacturing ____ Distributorship
____ Construction ____ Professional Service ____ Service ____ Other _____

11. Date company established _____ Date incorporated (if applicable) _____

12. To verify your firm's status as a M/WBE, please provide copies of a least 3 of the following items.

____ Article of Incorporation	____ Assumed Name Certificate	____ Banking Signature Card
____ Business License	____ By-Laws	____ Franchise Agreements
____ Lease Agreements	____ Loan Agreements	____ Partnership/Joint Venture Agreement
____ Purchase Agreements	____ Stock Certification	____ Corporate Borrowing Resolution
____ Federal Tax Return	____ Financial Statement	____ Other (specify)
____ Receipts for Capital	____ SBA 8(a) Certification	_____

13a. Identify all individuals who own or share ownership of this firm.

<u>Name</u>	<u>Race</u>	<u>Sex</u>	<u>Percentage Ownership</u>	<u>Voting Percentage</u>	<u>Yrs of Ownership</u>
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13b. Identify individual(s) who is relying on **MWBE** status.

Name

14. What were the gross receipts of your firm for each of the last 2 years? Copies of the IRS forms for each year must be submitted.

15. Federal Employee ID No. _____ Social Security No. _____ DUNS _____

16. Is the firm authorized to do business in New York State in general, and Nassau County in particular, Including all business licenses?

____ Yes) if so, please provide copies of all business licenses) ____ No

17. Is your business unionized? ____ Yes ____ No
If yes, please list:

18. Have you ever had a government contract? ____ Yes ____ No
If yes, please list:

Request for additional information that might apply to firms in the construction trades:

1a. Indicate type of Nassau County Contractor's license _____ Number _____
Expiration Date _____ Name of License _____

1b. If firm is a potential prime contractor, give name of bonding company and bonding limit (if applicable). _____

Condition of Certification Short Form Application

Your signature on the **Affidavit of Certification** indicates your acceptance and understanding of the conditions to qualify as a certified M/WBE firm with the County of Nassau.

- Omission of information may be cause for this application not receiving timely and complete consideration.
- Applicant agrees to allow Nassau County's M/WBE Analyst/Coordinator the right to inspect the applicant's place of business.
- Nassau County reserves the right to request further information from applicant prior to certification.
- The applicant has received and reviewed the M/WBE criteria established by the Office of Minority Affairs.
- Any information submitted which is determined to be false shall be grounds for denial of certification and if certification has been granted shall be grounds for decertification.
- The applicant agrees to notify the M/WBE Program Director of any change in ownership, management control or business status.
- All information and documents submitted with this application shall become the property of Nassau County.

OMA-Cert.-002-dsr/10/06



COUNTY OF NASSAU
OFFICE OF MINORITY AFFAIRS
MINORITY AND WOMEN OWNED BUSINESS ENTERPRISE PROGRAM

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon which minority or women status is relied.

A materially false statement or omission made in connection with this application is sufficient cause for denial of certification, revocation of prior approval, initiation of suspension and debarment and may subject the person(s) and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable federal, state and local law.

I, _____, swear and affirm under penalty of law that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application, its attachments and supporting documents are true and correct to the best of my knowledge, information and belief and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the below referenced firm, as well as, the ownership, control and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truthfulness of the statements in this application, and I authorize such agency to contact any entity named in this application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, references and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

I agree to provide written notice to Nassau County Office of Minority Affairs of any material change in the information contained in the original application submitted to Nassau County within thirty (30) calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application will be grounds for terminating any contract or subcontract obtained with Nassau County which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under any and all laws concerning false statement, fraud or other applicable offenses.

I certify that I am a minority and/or woman who is an owner of the below referenced firm seeking certification as a Minority and/or Woman-Owned Business Enterprise. In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the following (check all that apply):

Black ☐ Hispanic ☐ Native American/Alaskan ☐ Asian/Pacific Islander ☐ Woman ☐

I declare under penalty of perjury that information provided in this application, its attachments and supporting documents is true and correct.

Authorized Signature

Printed Signature

Title

Firm Name

Date _____

STATE OF)
)ss.:
COUNTY OF)

On the ____ day of _____ in the year 200__ before me personally came _____ to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of _____; that he or she is the _____ of _____, the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.

NOTARY PUBLIC

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